

PHARMACY COUNCIL



NOTIFICATION FOR CHANGE OF MANAGEMENT OF A PHARMACY
 (Made under regulation 17(1) Pharmacy (Pharmacy Practice and the Conduct of
 Business of Pharmacy) GN No. 267)

A. TO BE COMPLETED BY THE SUPERINTENDENT AND OWNER

DETAILS OF THE PHARMACY

Name of the pharmacy..... S & S CARE PHARMACY
 Physical address:
 Street..... Ward Masaki
 District/Municipal..... Kingondongo
 Region..... Dar es Salaam

DETAILS OF SUPERINTENDENT

Name..... NURU SULEIMANI
 Registration Number..... 0102920
 Phone..... 0684068049
 Address..... Dar es Salaam

REASON(s) FOR CHANGE

Delay in payment

TIME FRAME: (Notify Registrar the time frame as per Contract)

1 month
 Signature..... B. Saleh
 Date..... 18/06/2024

OWNER REMARKS

Name..... BADER SALEH
 Phone Number..... 0784433000
 Signature..... B. Saleh
 Date..... 18/06/2024

FOR OFFICE USE ONLY

INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER

Recommendations.....
 Name..... Designation..... Signature.....
 Date.....

B. TO BE COMPLETED BY THE OWNER ONLY**NEW SUPERINTENDENT**

Name of Superintendent

Physical address:

Street.....

Ward.....

District/Municipal.....

Region.....

Contacts of previous Superintendent.....

Email of previous Superintendent.....

QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT (To be attached)

- (i) copies of registration certificate and valid license to practice
- (ii) Contract Agreement
- (iii) Commitment Letter

REASONS FOR CHANGING THE MANAGEMENT

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C. FOR OFFICE USE ONLY**INSPECTION/REGISTRATION OR ZONAL**

Recommendations.....

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Name..... Designation..... Signature.....

Date.....

NOTE;

Failure to acquire the services of another superintendent within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.